PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

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Attorney Docket Number | 79 1171

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DES	F	First Named Inventor Burr									
PATENT AP	<b>,</b> ⊢	COMPLETE IF KNOWN									
(37 CF	<u> </u>	Application Numb	er								
Declaration	Declaration	F	iling Date								
Submitted OR	Submitted after Initia	d after Initial	Art Unit								
With Initial Filing	(37 CFR	1.16 (e))	Examiner Name			<i>)</i>					
	required)	)									
I hereby declare that:					<del></del>						
Each inventor's residence, mailing address,an d citizenship are as stated below next to their name.											
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
LIP SEAL FOR ROLLE											
LIP SEAL FOR ROLLE	ER CONE D	KILL DII									
(Title of the Invention)											
the specification of which											
is attached hereto											
OR											
OR			_								
	YYY)		as United St	ates Ap	olication Nu	ımber or PC	CT International				
<i>OR</i> Was filed on (MM/DD/Y)	YYY)		as United St	ates Ap	plication Nu	mber or PC	CT International				
	YYY)	and was amended	ı	Г	plication Nu	mber or PC	CT International (if applicable).				
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	Custome	r Number:	2	6932		OR _	Corresp	oondence address below		
Name Jeffery E. Daly										
Address Grant Prideco, L.P. 1330 Post Oak Blvd, Suite 2700										
City				State				ZIP		
Houston				TX				77056		
Country	ntry Telephor			e Fax						
USA			(832) 681-8623			(832) 681-8699				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:		Пар	etition	has bee	en filed for this	s unsign	ed inventor		
Given Name (first and middle [if any]) Bruce H.					F	Family Name or Surname <sub>Burr</sub>				
Inventor's		./						Date		
Signature	25 /		Strong					9-1-63		
Residence: City	State			Country Citize			Citizer	nship		
Houston	тх			USA US						
Mailing Address 10203 Sagedowne										
City	State		ZIP			Country				
Houston	тх				77089			USA		
NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])						Family Name or Surname				
Inventor's Signature					<u> </u>			Date		
Residence: City	State			Country		Citizenship				
Mailing Address				•						
City	State				ZIP	<u> </u>	Count	ry		
	<del>-</del>									
Additional inventors or a legal re	presentative are be	ing named or	n the	suppleme	ental she	et(s) PTO/SB/02A	or 02LR	attached hereto.		